



Facility Rental Application

Return to: Southern Community Center

20 Appeal Lane

Lusby, MD 20657

email: soccstaff@calvertcountymd.gov or fax:(410) 326-0673

Questions, please call: 410-535-1600 ext. 2826 or 410-586-1101

Office Use Only

Date Rev'd _____

Time _____

Initials _____

Veteran ☐

Verified CC Resident ☐

Non-CC Resident ☐

Age Verification ☐

Applicant Information

Applicant Name:	Organization:
Cell Phone:	Alternate Phone:
Address:	
Email:	
2nd Applicant Name:	Phone:

Event Information

Event Type:	Event Date:	Day of the week (Circle One) Su M Tu W Th F Sa
Number of tables needed:	Number of chairs needed:	Estimated Attendance:
Facility (Select One) <input type="checkbox"/> Southern Community Center <input type="checkbox"/> Dowell House Will you have music at your event? <input type="checkbox"/> DJ/Band <input type="checkbox"/> Bluetooth/Speaker <input type="checkbox"/> No music	Room(s) Requested Southern Community Center <input type="checkbox"/> P&R 1 (60) <input type="checkbox"/> P&R2 (42) <input type="checkbox"/> MP1 (72) <input type="checkbox"/> MP2 (90) <input type="checkbox"/> SR (20) <input type="checkbox"/> CR (49) <input type="checkbox"/> Dowell House (60)	Time Friday/Saturday <input type="checkbox"/> 8:45 a.m.-12:30 p.m. <input type="checkbox"/> 1:00 p.m.-5:00 p.m. <input type="checkbox"/> 5:30 p.m.-9:30 p.m. Sunday <input type="checkbox"/> 8:45 a.m.-11:30 a.m. <input type="checkbox"/> 12:00 p.m.-4:00 p.m.. <input type="checkbox"/> 4:30 p.m.-8:30 p.m. Monday-Thursday (Per Availability) <i>Please write in desired time.</i>
Will your event have food/drink? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a teen event? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete chaperone list on back.	

I have received, read and understand the Community Center Use Policy governing the use of Calvert County Department of Parks and Recreation Community Center facilities as well as the facility use information for the community center selected and hereby agree to abide by those regulations as well as any additional verbal directions given by community center staff. I further agree to hold harmless Calvert County Department of Parks and Recreation and its employees for any injuries which may occur to individuals participating in my activity. I also understand that I will be held responsible for any damages that may be caused by our activity. I will give at least 14 Days advance written notification of any cancellation or date transfer request in order to be considered for a full refund or date transfer. **NO STERNOS (except on tile floors), ALCOHOL, NON-PRESCRIPTION DRUGS, AMPLIFIED MUSIC, INFLATABLES, GLITTER, CONFETTI OF ANY KIND, AND/OR LIVE ANIMALS (except approved service animals). TAPE OR PUSH PINS ON WALLS ARE NOT ALLOWED AT ANY TIME!**

Signature of Applicant

Date

For Office Use Only

Approved _____ Staff Initials		Denied _____ Staff Initials Reason:	
Event Date	Facility	Room	Time
Total Fees Due \$	Payment Due	Date Received	Payment Type:
Confirmation Date:	Time:	In Person Phone Email	Staff Initials:
-----EVENT CANCELLATION & REFUND-----			
Date Cancelled		Reason	
Staff Signature	Refund Date	Refund Type	

Room Capacity	In-County Fees - Up to (4) Hour Block		Non-County Fees - Up to (4) Hour Block	
	Without Food/Drink	With Food/Drink	Without Food/Drink	With Food/Drink
Small (50 or less)	\$0	\$0	\$20	\$50
Medium (51-100)	\$0	\$0	\$50	\$80
Large (101+)	\$0	\$0	\$100	\$130

EVENT CHAPERONE LIST (If applicable)

The Event Chaperone List is a requirement for ALL teen-sponsored activities between the ages of 13-18 years. Teen-sponsored activities must also have a minimum of 5 chaperones ages 21 & older.

*NOTE: Group leaders and chaperones will be held responsible for ALL damages and incidents. Applications WILL NOT be processed without an Event Chaperone List. (If applicable)

	Name	Phone Number	Age
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
	_____	_____	_____

End of Event Check List

Upon the Facility User's arrival, ask if they will be hanging decorations and if so, what they will be using to secure the decorations. Remind them of the rules – White Sticky Tack only! No command strips, scotch tape, putty, staples, tacks, nails or gum. All decorations must be fully removed.

Date: _____ Time In: _____ Time Out: _____

Staff on Duty: _____ Staff on Duty: _____ Staff on Duty: _____

Inspection Area	Pass/Fail	Notes
Trash is cleared from the room and placed in the outside trash dumpster		
Tables and chairs wiped down (as needed)		
Floor(s) are swept and spot mopped or vacuumed		
All decorations and sticky tack removed		
All tables and chairs are correctly stored and placed on the rack(s) properly		
Facility User Departure Signature: _____	Comments: _____	
Staff on Duty Signature: _____	Comments: _____	